

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS79AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2009
NAME OF PROVIDER OR SUPPLIER BECKY'S HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 4055 CLOUD NINE LANE LAS VEGAS, NV 89115		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments Surveyor: 27364 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure conducted in your facility on 10/15/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds for elderly and disabled person and/or persons with mental retardation. The census at the time of the survey was five. Five resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of B. The following deficiencies were identified:	Y 000		
Y 105 SS=E	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Surveyor: 27364 Based on record review on 10/15/09 the facility	Y 105		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105	Continued From page 1 failed to ensure 1 of 2 caregivers had current, at least once every 5 years, criminal history background checks completed (Employee #3). Employee #3's (hire date 4/1/05) file lacked evidence of a signed criminal history statement and results of the federal and state criminal background checks. This was a repeat deficiency from the 11/25/08 State Licensure survey Severity: 2 Scope: 2	Y 105		
Y 814 SS=D	449.2732(2) Protective Supervision NAC 449.2732 2. If a person who requires protective supervision is unable to follow instruction or has difficulty making his needs known to the employees of the facility, the person may be admitted to the facility or be permitted to remain as a resident of the facility if the facility complies with the provisions of NAC 449.2754 and 449.2756. This Regulation is not met as evidenced by: Surveyor: 28263 Based on observation, record review and interview on 10/15/09, the facility failed to ensure 1 of 5 residents was appropriately admitted to the facility.(Employee #1). Resident #1 scored a 4 on a cognitive skills test administered by the surveyor on 10/15/09. A total score of less than 5 indicates appropriate facility placement is required. The physical examination of Resident #1 dated 8/18/07, 1/28/08 and 6/24/09 documented a diagnosis of Alzheimer's Disease.	Y 814		

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Y 814	Continued From page 2 Resident #1 was prescribed Aricept 10 MG for dementia. Severity: 2 Scope: 1	Y 814		
Y 878 SS=E	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Surveyor: 28263 Based on record review and interview on 10/15/09, the facility failed to ensure 2 of 5 residents received medications as prescribed (Resident #1, and #4). Resident #1 failed to receive Aricept 10 mg in the PM as directed by the physician. The Aricept 10 mg was administered instead at 7 AM. Resident #4 was administered Senna in the AM but failed to receive the PM dose as prescribed by the physician. Severity 2 Scope 3	Y 878		

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Y 908	Continued From page 3	Y 908		
Y 908 SS=E	<p>449.2746(2)(a)-(f) PRN Medication Record</p> <p>NAC 449.2746</p> <p>2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication:</p> <p>(a) The reason for the administration.</p> <p>(b) The date and time of the administration;</p> <p>(c) The dose administered;</p> <p>(d) The results of the administration of the medication;</p> <p>(e) The initials of the caregiver; and</p> <p>(f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28263 Based on record review on 10/15/09, the facility failed to ensure the PRN medication record was complete for 2 of 5 residents receiving as needed (PRN) medications (Resident #1 and #4). The caregiver failed to document the reason for the administration of Hydrocodone/APAP 5/500 mg twice daily to Resident #1 for the past 30 days. The caregiver failed to document the reason for the administration of Ibuprofen 600 MG twice daily to Resident #4 for the past 30 days.</p> <p>Severity: 2 Scope: 2</p>	Y 908		
Y 936 SS=F	449.2749(1)(e) Resident file-NRS 441A Tuberculosis	Y 936		

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Y 936	<p>Continued From page 4</p> <p>NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Surveyor: 27364 Based on record review on 10/15/09, the facility failed to ensure 1 of 5 residents complied with NAC 441A.380 regarding tuberculosis (Resident #1) The facility failed to ensure 1 of 5 residents had an initial or annual physical examination (Resident #4).</p> <p>Severity: 2 Scope: 3</p>	Y 936		

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